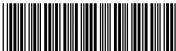


|   |  |   |
|---|--|---|
| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10523076 | <b>Applicant(s)/Patent Under Reexamination</b><br>TOKUNAGA ET AL. |
|   | <b>Examiner</b><br>KAJ K OLSEN             | <b>Art Unit</b><br>1795   |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                       |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|-----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                       | NON-CLAIMED |  |  |  |  |  |  |  |
| 205                |                                   | 792      |  |  |  | G                            | O | I | N | 27 / 327 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
| 204                | 403.02                            | 406      |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|   | 1        |       | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 2        |       | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 3        |       | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 4        |       | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 5        |       | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 6        |       | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 7        |       | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
| 1   | 8        | 6     | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 9        | 7     | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 10       | 8     | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

|   |  |                              |                   |
|---|--|------------------------------|-------------------|
| NONE  |  | <b>Total Claims Allowed:</b> |                   |
|   |  | 8                            |                   |
| (Assistant Examiner)                            |  | (Date)                       |                   |
| /KAJ K OLSEN/<br>Primary Examiner Art Unit 1795 |  | 11/16/2008                   |                   |
| (Primary Examiner)                              |  | (Date)                       |                   |
|   |  | O.G. Print Claim(s)          | O.G. Print Figure |
|   |  | 1                            | 6                 |